U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Seth Oster	Name Screen Actors Guild
	Labor Organization File Number 000-113
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Boulevard
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600
5. Position in labor organization.  Deputy National Executive Dir	rector of Communications
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	g.
Trade Name, if any:	*
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 726 323-549-6872
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing Seth Oster	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name The Washington Post	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	🗶 c. Employer
Street 1150 15th St. NW  City Washington, DC	
State ZIP Code + 4 20071	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name See 11a	A trade publication that engages in business with SAG, including the placement of ads. Engages in
Trade Name, if any:	business with multiple employers, studios, agencies, etc. The extent of the business relationships with SAG and others not reasonably
P.O. Box, Bldg., Room No., if any	ascertainable
Street	11.b. Approximate dollar value of such dealing. UNKNOWN
City State ZIP Code + 4	12.a. Nature of interest held or income received.  I had breakfast with a journalist from the Post on Aug. 10
	12.b. Amount. UNKNOWN
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.